

<b>MEDICAL RECORD</b>	<b>Consultation Report</b>
<b>CONSULT SERVICE:</b>	<b>REQUESTING CLINICIAN NAME</b> (Pager or Phone Number):
<b>REASON FOR CONSULT:</b>	

<b>CONSULTANT'S NAME (PRINTED), SIGNATURE AND DEGREE:</b>	<b>INSTITUTE:</b>	<b>DATE:</b>
---	-------------------	--------------

Patient Identification	Consultation Report NIH-513-1 (3-02) P.A. 09-25-0099 File in Section 2: Consultations, Other
------------------------	---